Division of Corporations Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000014296 3)))



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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ICONNECT SOLUTIONS CORP

Account Number : I20190000122 Phone : (407)863-0096 Fax Number : (407)612-2181

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## AEA SILVERLEAF LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

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2022-01-11 20.42:40 GMT

14076122181

From: EMERSON CORF

### **COVER LETTER**

H22000014296 3

SUBJECT:	AEA SILVERLEAF LLC
C DULC 1.	Name of Limited Liability Company
he enclosed	Articles of Amendment and fee(s) are submitted for filing.
Please retum	all correspondence concerning this matter to the following:
	EMERSON CORREA
	Name of Person
	ICONNECT SOLUTIONS CORP
	Firm Company
	6735 CONROY ROAD STE 309
	Address
	ORLANDO, FL 32835
	City/State and Zip Code
	CONTACT@ICONNECTSC.COM
	E-mail address; (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
EMERSON (	CORREA 407 863 0096

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Name of Person

Street Address:

Area Code

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Daytime Telephone Number

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H22000014296 3

AEA SILVERLEAF LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records, ) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 11/17/2021	and assigned
Florida document number L21000495393		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
AEA SLF LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	ur the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1022 SC
(Principal office address MUST BE A STREET ADDRESS	ù	A T
		<u> </u>
		ED PHIZ:
Enter new mailing address, if applicable:		<u>is</u>
(Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	<u> </u>
B. If amending the registered agent and/or registered off	ice address on our records, enter th	ne name of the new registere
agent and/or the new registered office address here:	te address on our reem our <u>emer w</u>	The state of the s
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florido street address	
	, Flor	
	City	Zip Code

#### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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2022-01-11 20.42:40 GMT

14076122181

From: EMERSON CORF

# If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H22000014296 3

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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